

Docket No. 0575/55311-AZ-PCT-US/JPW/AJM/JCIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Audrey Minden

Serial No. : 10/693,367 Examiner: M. Szperka

Filed : October 24, 2003 Group Art Unit: 1644

For : PAK4-Related Antibodies

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: February 6, 2006

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	3 -	* 20 =	*** 0 X	\$25	\$50	=		0
Independent Claims	1 -	** 3 =	*** 0 X	\$100	\$200	=		0
Multiple Dependent Claim(s) Presented For First Time _____ Yes <input checked="" type="checkbox"/> No				\$180	\$360	=		0
				TOTAL ADDITIONAL FEE \$ 0.00				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐

and a fee of \$ ☐ included)

☒ A Petition for an Extension of Time, including a fee of
\$ 450.00 for a Petition for 2 Month(s) Extension of Time

☒ Other (identify): Request for Continued Examination

THE TOTAL FEE DUE IS \$ 1240.00.

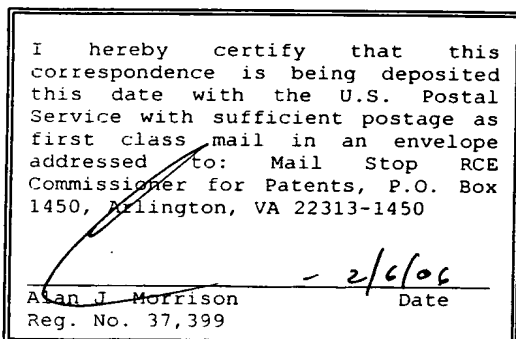
☒ A check in the amount of \$ 1240.00 is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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